

Case Name Daleson Enterprises, LLC d/b/a Jones County Rest Home

Case Number 05-50095 For Period October 1 to October 31, 20 06

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
{X}	{ }	Comparative Balance Sheet (FORM 2-B)
{X}	{ }	Profit and Loss Statement (FORM 2-C)
{X}	{ }	Cash Receipts and Disbursements Statement (FORM 2-D)
{X}	{ }	Supporting Schedules (FORM 2-E)
{X}	{ }	Narrative (FORM 2-F)
{X}	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

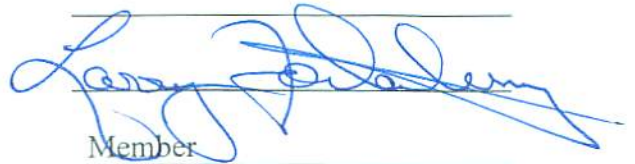
I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: \_\_\_\_\_  
(date)

Debtor(s)\*

Daleson Enterprises, LLC  
d/b/a/ Jones County Rest Home

By:\*\*



Position:

Member

Name of preparer:

Sandy Lindsey, CFO

Telephone No. of Preparer

601-758-1989

\* both debtors must sign if a joint petition  
\*\* for corporate or partnership debtor

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

**ASSETS:**

CURRENT ASSETS:

Cash.....

Accounts Receivable, Net.....

Inventory, at lower of cost or market.....

Prepaid expenses & deposits.....

Other .....

TOTAL CURRENT ASSETS.....

PROPERTY, PLANT & EQUIPMENT.....

Less Accumulated depreciation.....

NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS

Certificate of Need Cost .....

Workers Comp Deposit .....

TOTAL OTHER ASSETS.....

TOTAL ASSETS.....

Month	Month	Month	Month	Month	Month	Month
4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06
481,860	474,009	493,145	462,635	452,953	447,658	298,072
284,454	283,999	259,578	259,578	259, 571	263,251	383,531
0		0	0	0	0	0
0		0	0	0	0	0
620,268	620,268	620,268	620,268	620,268	620,268	620,268
1,386,582	1,378,276	1,372,991	1,342,481	1,332,792	1,331,177	1,301,871
254,993	254,993	254,993	254,993	254,993	254,993	254,993
0	0	0	0	0	0	0
254,993	254,993	254,993	254,993	254,993	254,993	254,993
715,738	715,738	715,738	715,738	715,738	715,738	715,738
94,435	94,435	94,435	94,435	94,435	94,435	94,435
810,173	810,173	810,173	810,173	810,173	810,173	810,173
2,451,748	2,443,442	2,438,157	2,407,647	2,397,958	2,396,343	2,367,037

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

**LIABILITIES:**

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: Intercompany Accts./Etc. ....

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable – secured.....

Priority debt.....

Unsecured debt.....

Other Due Owner .....

TOTAL LIABILITIES.....

**EQUITY (DEFICIT)**

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Month	Month	Month	Month	Month	Month	Month
4/30/06	05/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
689,477	689,477	689,477	689,477	689,477	689,477	689,477
1258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
308,767	308,767	308,767	308,767	308,767	308,767	308,767
77,723	77,723	77,723	77,723	77,723	77,723	77,723
2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
117,048	108,742	103,457	72,947	63,258	61,643	32,337
117,048	108,742	103,457	72,947	63,258	61,643	32,337
2,451,748	2,443,442	2,438,157	2,407,647	2,397,958	2,396,343	2,367,037

CASE NUMBER: 05-50095

PROFIT AND LOSS STATEMENT

SEE ATTACHED

SEE ATTACHED

	Filing Date	Month	Month	Month	Month	Month	Month
		5/31/06	6/30/06	7/31/06	8/31/06	9/30/2006	10/31/06
NET REVENUE.....		0	0	0	0	0	0
<u>COST OF GOODS SOLD:</u>							
Material.....							
Labor - Direct.....							
Manufacturing Overhead.....							
TOTAL COST OF GOODS SOLD:.....							
GROSS PROFIT:.....		0	0	0	0	0	0
<u>OPERATING EXPENSES:</u>							
Selling and Marketing.....		0	0	0	0	0	0
General and administrative (rents, utilities, salaries, etc.)		8,306	5,285	30,510	9,689	1,615	29,306
Other .....							
TOTAL OPERATING EXPENSES.....		8,306	5,285	30,510	9,689	1,615	29,306
<u>INTREST EXPENSE</u> .....							
INCOME BEFORE DEPRECIATION OR TAXES:.....		(8,306)	(5,285)	(30,510)	(9,689)	(1,615)	(29,306)
<u>DEPRECIATION OR AMORTIZATION</u> .....		0	0		0	0	0
<u>EXTRAORDINARY EXPENSES</u> * .....							
<u>INCOME TAX EXPENSE (BENEFIT)</u> .....							
NET INCOME (LOSS).....		(8,306)	(5,285)	(30,510)	(9,689)	(1,615)	(29,306)

\*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period October 1 to October 31, 2006

**Cash Reconciliation**

1. Beginning Cash Balance (Ending cash balance from last month's report)		<u>\$ 447.658</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 20</u>	
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 149.606</u>	
4. Net Cash Flow		<u>\$ (149.586)</u>
5. Ending Cash Balance (to FORM 2-B)		<u>\$ 298.072</u>

**CASH SUMMARY – ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 0</u>	<u>Trustmark</u>
3. Operating and/or Personal Account	<u>\$ 295.585</u>	<u>Trustmark</u>
4. Payroll Account	<u>\$ 2,487</u>	<u>Trustmark</u>
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
<b>TOTAL (Must Agree with line 5 above)</b>	<u><b>\$ 298,072</b></u>	

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less  
inter-account transfers and UST fees paid \$ 149.606

\*NOTE: This amount should be used  
to determine UST quarterly fees due  
and agree with Form 2-D, page 2 of 4

FORM 2-D  
Page 1 of 4  
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

**QUARTERLY FEE SUMMARY**

MONTH ENDED October 2006

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 274,900			
February	\$ 42,376			
March	\$ 14,295			
Total				
1 <sup>st</sup> Quarter	\$ 331,571	\$ 3,750		
April	\$ 12,196			
May	\$ 7,851			
June	\$ 6,594			
Total				
2 <sup>nd</sup> Quarter	\$ 26,641	\$ 500		
July	\$ 30,510			
August	\$ 9,722			
September	\$ 5,295			
Total				
3 <sup>rd</sup> Quarter	\$ 45,527	\$ 500		
October	\$ 149,606			
November	\$			
December	\$			
Total				
4 <sup>th</sup> Quarter	\$	\$		

**FEE SCHEDULE**

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000.00	\$250
\$15,000 - \$74,999.99	\$500
\$75,000 - \$149,999.99	\$750
\$150,000 - \$224,999.99	\$1,250
\$225,000 - \$299,999.99	\$1,500
\$300,000 - \$999,999.99	\$3,750
\$1,000,000 - \$1,999,999.99	\$5,000
\$2,000,000 - \$2,999,999.99	\$7,500
\$3,000,000 - \$4,999,999.99	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701  
Operating Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701  
Operating

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.



Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period    October 1    to    October 31   , 20    06   

Account Name: JCRH New Accts. Payable Account Number:        480-009-6685

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts                      \$    20

JONES AP DEPOSITS OCT 2006  
10/1/2006 Through 10/31/2006

11/29/2006

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
10/3/...	AP NEW JCRHDEP		DEPOSIT			R	20.00
TOTAL 10/1/2006 - 10/31/2006							20.00
TOTAL INFLOWS							20.00
TOTAL OUTFLOWS							0.00
NET TOTAL							20.00

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH Payroll Account Number: 480-009-6693

#### CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$0

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period     October 1     to     October 31    , 20 06

Account Name: JCRH Resident Trust Account Number: 480-009-6719

### CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts                      \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 418

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

10/1/2006 Through 10/31/2006

11/29/2006

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
10/11...	DO NOT U...DEBIT		ACH DEBIT T...			R	-298.39
10/16...	DO NOT U...DEBIT		ACH DEBIT M...			R	-109.59
10/20...	DO NOT U...		Service Charge		Bank Charge	R	-10.00
TOTAL 10/1/2006 - 10/31/2006							-417.98
TOTAL INFLOWS							0.00
TOTAL OUTFLOWS							-417.98
NET TOTAL							-417.98

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 149,188

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.



JONES AP PAYMENTS OCT 2006  
10/1/2006 Through 10/31/2006

11/29/2006

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
10/12...	AP NEW JCRH3340		DEREK A. HE...Atty. ...			R	-23,510.73
10/12...	AP NEW JCRH3341		LARRY FORTE...			R	-2,285.00
10/12...	AP NEW JCRH3342		LARRY RUSSELL				-2,285.00
10/12...	AP NEW JCRH3343		LARRY FORTE...			R	-153.60
10/12...	AP NEW JCRH3344		LARRY RUSSELL				-153.60
10/16...	AP NEW JCRH3345		SOUTERN HEA...			R	-120,000.00
10/16...	AP NEW JCRH3346		STEWART & B...			R	-300.00
10/31...	AP NEW JCRH3347		OFFICE OF T...		LEGAL FEES		-500.00
TOTAL 10/1/2006 - 10/31/2006							-149,187.93

TOTAL INFLOWS	0.00
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TOTAL OUTFLOWS	-149,187.93
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NET TOTAL	-149,187.93
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Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH Payroll Account Number: 480-009-6693

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Pavee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones  
County Rest Home

Case Number: 05-50095

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**  
(This form should be completed for each type of account listed  
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period October 1 to October 31, 2006

Account Name: JCRH Resident Trust Account Number: 480-009-6719

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders,  
Officers, director or any insiders and all adequate protection payments  
Ordered by the court with an asterisk or highlighting. Any payments made  
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones  
County Rest Home

CASE NUMBER: 05-50095

**SUPPORTING SCHEDULES**

For Period \_\_\_ October 1 \_\_\_ to \_\_\_ October 31 \_\_\_, 20 06 \_\_\_

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	0	0	\$	\$	\$	
FICA	0	0				
FUTA	0	0				
SITW	0	0				
SUTA	0	0				
OTHER TAX						
TRADE PAYABLES						
OTHER	0	0				
Retirement	0	0				
Accrued PR	0	0				
Bonus	0	0				
TOTALS	0	0	\$	\$	\$	\$

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period October 1 To October 30 2006

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

01/04

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest CASE NUMBER: 05-50095  
Home

**NARRATIVE STATEMENT**

For Period October 1 to October 31, 20 06

Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

AP NEW JCRH  
11/6/2006

Page 1

## Reconciliation Summary

## BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		444,348.28
Checks and Payments	7 Items	-148,687.93
Deposits and Other Credits	1 Item	20.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		295,680.35

## YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		295,680.35
Checks and Payments	13 Items	-10,500.49
Deposits and Other Credits	0 Items	0.00
Register Balance as of 10/31/2006:		285,179.86
Checks and Payments	0 Items	0.00
Deposits and Other Credits	1 Item	40,020.00
Register Ending Balance:		325,199.86

AP NEW JCRH  
11/6/2006

Page 2

## Uncleared Transaction Detail up to 10/31/2006

Date	Num	Payee	Memo	Category	Clr Amount
Uncleared Checks and Payments					
5/11/2005	2296	GARY D. THRASH		GARNISHMENT	-457.89
7/13/2005	2556	WILLIAM G. CLARK			-800.00
8/12/2005	2658	WILLIAM G. CLARK			-800.00
9/14/2005	2821	WILLIAM G. CLARK			-800.00
10/14/...	2962	WILLIAM G. CLARK			-800.00
11/15/...	3092	WILLIAM G. CLARK			-800.00
12/15/...	3180	WILLIAM G. CLARK			-800.00
1/10/2006	3235	WILLIAM G. CLARK			-800.00
1/12/2006	3243	ELLEN GRAVES			-20.00
2/15/2006	3280	JOHN D. MCCORMICK			-1,484.00
10/12/...	3342	LARRY RUSSELL			-2,285.00
10/12/...	3344	LARRY RUSSELL			-153.60
10/31/...	3347	OFFICE OF THE US...		LEGAL FEES	-500.00
Total Uncleared Checks and Payments					13 Items -10,500.49
Uncleared Deposits and Other Credits					
Total Uncleared Deposits and Other Credits					0 Items 0.00
Total Uncleared Transactions					13 Items -10,500.49



## Small Business Checking

**Trustmark**

National Bank

Statement Period  
From 10/01/2006 To 10/31/2006Account Number  
480-009-6685

7 Images Included

DALESON ENTERPRISE LLC DBA JONES COUNTY  
REST HOME ACCT PAYABLE DEBTOR IN  
POSSESSION CHAP 11 CASE NO 05-50095  
PO BOX 345  
SUMRALL MS 39482-0345

## Customer Service:

1-800-243-2824 or 1-601-961-6000  
Automated Response 24 hours day  
Representative Mon - Fri 8am-8pm  
Sat 9am-7pm

For questions or to receive a Trustmark Access  
Number for use with automated services, call  
during Representative hours and choose option 0

Website address: [www.trustmark.com](http://www.trustmark.com)

## Summary

Description	Transactions	Amount
Balance last statement		444,348.28
Deposits and other credits	1	+ 20.00
Checks and other withdrawals	7	- 148,687.93
Service charges		- .00
Balance this statement		\$295,680.35

Note: Your lowest balance during this period was \$295,680.35, and it occurred on 10/20/2006



## Deposits and Other Credits

Date	Amount	Description
10/3	20.00	DEPOSIT

Total of Deposits and Other Credits: \$20.00



## Checks and Other Withdrawals

## Checks Paid

Number of images included in this statement: 7

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3337	10/6	2,285.00	3341	10/18	2,285.00	3346	10/18	300.00
3339 #	10/6	153.60	3343 #	10/18	153.60			
3340	10/20	23,510.73	3345 #	10/17	120,000.00			

Thank you for banking with us.

**Trustmark**

National Bank

Post Office Box 291, Jackson, Mississippi 39205

Customer Service 1-800-243-2524 or 1-801-951-6000

Case 05-50095-ee

Doc 324

Filed 12/08/06

Entered 12/08/06 09:31:27

Desc Main

**Small Business Checking**

Page 2 of 4

Statement Period  
From 10/01/2006 To 10/31/2006Account Number  
480-009-6685

Checks and Other Withdrawals - continued

Checks Paid - continued

Number of images included in this statement: 7

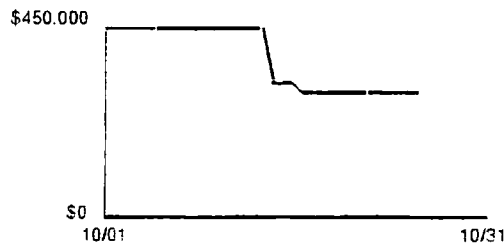
Total of Checks Paid: \$148,687.93

# Indicates a break in the check number sequence before this check.

★ Represents an unnumbered check or a non-check item.

**Daily Balance History**

Date	Balance	Date	Balance	Date	Balance
10/1	\$444,348.28	10/17	\$321,929.68	10/31	\$295,680.35
10/3	\$444,368.28	10/18	\$319,191.08		
10/6	\$441,929.68	10/20	\$295,680.35		

Your Balance this Period  
Balance**Check Images**

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC  
DBA JONES COUNTY REST HOME  
CUSTODY & POSSESSION  
CASE NO 05-0009  
JONES COUNTY HOME ROAD  
ELLIOTTSVILLE MS 38827

TRUSTMARK NATIONAL BANK  
MATT LAMING MS 38407  
95-27-663 09-18-2006

003337

Two Thousand Two Hundred Eighty Five & No/100 Dollars

LARRY RUSSELL

Account Number: AMOUNT: \$2,285.00

*Larry Fortenberry*

\*003337\* \*055300279\* \*4800096685\* \*0000228500\*

Ck 3337 Ref 201564125 Pd 10/6 \$2285.00

DALESON ENTERPRISES, LLC  
DBA JONES COUNTY REST HOME  
CUSTODY & POSSESSION  
CASE NO 05-0009  
JONES COUNTY HOME ROAD  
ELLIOTTSVILLE MS 38827

TRUSTMARK NATIONAL BANK  
MATT LAMING MS 38407  
95-27-663 10-12-2006

003340

Twenty Three Thousand Five Hundred Ten & No/100 Dollars

DERRICK A HENDERSON, ATTORNEY AT LAW  
111 EAST CAPITOL STREET  
SUITE 415  
JACKSON MS 39204

Account Number: AMOUNT: \$23,510.73

*Larry Fortenberry*

\*003340\* \*055300279\* \*4800096685\* \*00002351073\*

Ck 3340 Ref 202907460 Pd 10/20 \$23510.73

DALESON ENTERPRISES, LLC  
DBA JONES COUNTY REST HOME  
CUSTODY & POSSESSION  
CASE NO 05-0009  
JONES COUNTY HOME ROAD  
ELLIOTTSVILLE MS 38827

TRUSTMARK NATIONAL BANK  
MATT LAMING MS 38407  
95-27-663 09-18-2006

003339

One Hundred Fifty Three & No/100 Dollars

LARRY RUSSELL

Account Number: AMOUNT: \$153.60

*Larry Fortenberry*

\*003339\* \*055300279\* \*4800096685\* \*0000015360\*

Ck 3339 Ref 201564126 Pd 10/6 \$153.60

DALESON ENTERPRISES, LLC  
DBA JONES COUNTY REST HOME  
CUSTODY & POSSESSION  
CASE NO 05-0009  
JONES COUNTY HOME ROAD  
ELLIOTTSVILLE MS 38827

TRUSTMARK NATIONAL BANK  
MATT LAMING MS 38407  
95-27-663 10-12-2006

003341

Two Thousand Two Hundred Eighty Five & No/100 Dollars

LARRY FORTENBERRY

Account Number: AMOUNT: \$2,285.00

*Larry Fortenberry*

\*003341\* \*055300279\* \*4800096685\* \*0000228500\*

Ck 3341 Ref 301439921 Pd 10/18 \$2285.00

Thank you for banking with us.

99.169

**Trustmark**

National Bank

Case 05-50095-ee

Doc 324 Filed 12/08/06 Entered 12/08/06 09:31:27 Desc Main Document Page 27 of 40

**Small Business Checking**

Page 2 of 4

Statement Period  
From 10/01/2006 To 10/31/2006Account Number  
480-009-6685

Checks and Other Withdrawals - continued

Checks Paid - continued

Number of images included in this statement: 7

Total of Checks Paid: \$148,687.93

# Indicates a break in the check number sequence before this check.

\* Represents an unnumbered check or a non-check item.

**Daily Balance History**

Date	Balance	Date	Balance	Date	Balance
10/1	\$444,348.28	10/17	\$321,929.68	10/31	\$295,680.35
10/3	\$444,368.28	10/18	\$319,191.08		
10/6	\$441,929.68	10/20	\$295,680.35		

Your Balance this Period  
Balance**Check Images**

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK  
DBA JONES COUNTY REST HOME DETON IN POSSESSION  
CASE NO 05-50095  
MAY COUNTY HOME ROAD  
LILLISVILLE, MS 39327

Two Thousand Two Hundred Eighty Five & No/100 Dollars

LARRY RUSSELL

ACCOUNT NUMBER: AMOUNT: \$2285.00

*Larry Fortenberry*

003337 00653002790 4800096685 0000228500

Ck 3337 Ref 201564125 Pd 10/6 \$2285.00

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK  
DBA JONES COUNTY REST HOME DETON IN POSSESSION  
CASE NO 05-50095  
MAY COUNTY HOME ROAD  
LILLISVILLE, MS 39327

Three Thousand Five Hundred Ten & No/100 Dollars

DEREK A. HENDERSON, ATTORNEY AT LAW  
111 EAST CAPITOL STREET  
SUITE 437  
JACKSON, MS 39204

ACCOUNT NUMBER: AMOUNT: \$23510.73

*Larry Fortenberry*

003340 00653002790 4800096685 00002351073

Ck 3340 Ref 202907460 Pd 10/20 \$23510.73

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK  
DBA JONES COUNTY REST HOME DETON IN POSSESSION  
CASE NO 05-50095  
MAY COUNTY HOME ROAD  
LILLISVILLE, MS 39327

Five Hundred Fifty Three & No/100 Dollars

LARRY RUSSELL

ACCOUNT NUMBER: AMOUNT: \$513.60

*Larry Fortenberry*

003339 00653002790 4800096685 0000051360

Ck 3339 Ref 201564126 Pd 10/6 \$513.60

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK  
DBA JONES COUNTY REST HOME DETON IN POSSESSION  
CASE NO 05-50095  
MAY COUNTY HOME ROAD  
LILLISVILLE, MS 39327

Two Thousand Two Hundred Eighty Five & No/100 Dollars

LARRY FORTENBERRY

ACCOUNT NUMBER: AMOUNT: \$2285.00

*Larry Fortenberry*

003341 00653002790 4800096685 0000228500

Ck 3341 Ref 301439921 Pd 10/18 \$2285.00

Thank you for banking with us.

## Small Business Checking



Statement Period  
From 10/01/2006 To 10/31/2006

Account Number  
480-009-6685

Check Images - continued

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK 003343  
DBA JONES COUNTY WEST HOME  
DEBTON IN POSSESSION  
CASE NO. 05-50095  
JONES COUNTY HOME ROAD  
TULLOGEVILLE, MS 38967

One Hundred Fifty Dollars & 50/100 Dollars

LARRY FORTENBERRY

ACCOUNT NUMBER: 4800096685 AMOUNT: \$153.60

*Larry Fortenberry*

⑈003343⑈ ⑈065300779⑈ ⑈4800096685⑈ ⑈000045360⑈

Ck 3343 Ref 301439922 Pd 10/18 \$153.60

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK 003346  
DBA JONES COUNTY WEST HOME  
DEBTON IN POSSESSION  
CASE NO. 05-50095  
JONES COUNTY HOME ROAD  
TULLOGEVILLE, MS 38967

Three Hundred Dollars

STEWART A. BARNETT, LLC

ACCOUNT NUMBER: 4800096685 AMOUNT: \$300.00

*Larry Fortenberry*

⑈003346⑈ ⑈065300779⑈ ⑈4800096685⑈ ⑈000040000⑈

Ck 3346 Ref 301532132 Pd 10/18 \$300.00

DALESON ENTERPRISES, LLC ACCOUNTS PAYABLE ACCOUNT TRUSTMARK NATIONAL BANK 003345  
DBA JONES COUNTY WEST HOME  
DEBTON IN POSSESSION  
CASE NO. 05-50095  
JONES COUNTY HOME ROAD  
TULLOGEVILLE, MS 38967

One Hundred Twenty Thousand & No/100 Dollars

SOUTHERN HEALTH CARE SERVICES, INC

ACCOUNT NUMBER: 4800096685 AMOUNT: \$120000.00

*Larry Fortenberry*

⑈003345⑈ ⑈065300779⑈ ⑈4800096685⑈ ⑈001200000⑈

Ck 3345 Ref 301263229 Pd 10/17 \$120000.00



## Reconciliation

This section is provided to help you balance your bank statement.

Checks and  
Other Withdrawals  
outstanding -  
Not charged to account

[illegible]

Bank Balance  
Shown on  
this statement

**\$295,680.35**

Add +

Deposits not credited to this statement

5

Total

§

Subtract -

Checks and  
Other Withdrawals  
Outstanding

2

Balance =

S

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



### ATM/debit card use outside the United States

*If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.*

**CONSUMER ACCOUNTS ONLY**

***In Case of Error or Questions About Your Electronic Transfer or Direct Deposit***

Write or telephone us as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will generally complete our investigation within 10 business days and correct any error promptly. In some cases, an investigation may take longer, but you will have the use of the funds in question after the 10 business days. If we ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not credit your account during the investigation.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-601-961-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:

Trustmark National Bank  
Attn: Customer Contact Center  
P.O. Box 291  
Jackson, MS 39205-0291

***Thank you for banking with us.***

## Reconciliation

This section is provided to help you balance your bank statement.

Checks and  
Other Withdrawals  
outstanding -  
Not charged to account

[illegible]

Bank Balance  
Shown on  
this statement

\$295,680.35

Add +

Deposits not credited to this statement

2

Total

**\$**

Subtract -

Checks and  
Other Withdrawals  
Outstanding

**S**

Balance =

**S**

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



## Customer News

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Attn: Customer Contact Center  
P.O. Box 291  
Jackson, MS 39205-0291

**Thank you for banking with us.**

DO NOT USE JCRH AP  
11/6/2006

Page 1

## Reconciliation Summary

## BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			2,216.17
Checks and Payments	2	Items	-407.98
Deposits and Other Credits	0	Items	0.00
Service Charge	1	Item	-10.00
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			1,798.19

## YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			1,798.19
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Balance as of 10/31/2006:			1,798.19
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			1,798.19

DO NOT USE JCRH AP  
11/6/2006

Page 2

## Uncleared Transaction Detail up to 10/31/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
Total Uncleared Checks and Payments				0 Items		0.00
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				0 Items		0.00



**Small Business Checking****Trustmark**

National Bank

Statement Period  
From 10/01/2006 To 10/31/2006Account Number  
430-715-3349

DALESON ENTERPRISE LLC DBA  
JONES COUNTY REST HOME  
ACCOUNTS PAYABLE  
PO BOX 345  
SUMRALL MS 39482-0345

**Customer Service:**

1-800-245-0524 or 1-601-961-6000  
Automated Response 24 hours day  
Representative Mon - Fri 9am-5pm  
Sat 9am-7pm

For questions or to receive a Trustmark Access  
Number for use with automated services, call  
during Representative hours and choose option 0

Website address: [www.trustmark.com](http://www.trustmark.com)

**Summary**

Description	Transactions	Amount
Balance last statement		2,216.17
Deposits and other credits		+ .00
Checks and other withdrawals	2	- 407.98
Service charges	1	- 10.00
Balance this statement		\$1,798.19

Note: Your lowest balance during this period was \$1,798.19, and it occurred on 10/31/2006.

**Checks and Other Withdrawals****Other Electronic Transactions**

Date	Amount	Description
10/11	298.39	ACH DEBIT AXA EQUITABLE INS. PAYMT PPD 22009572334903
10/16	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914

Total of Other Electronic Transactions: \$407.98

**Service Charges**

Date	Amount	Description
10/31	- 10.00	MAINTENANCE FEE

Total of Service Charges: \$10.00

OCTOBER

Document Page 34 of 40

# Small Business Checking

Page 2 of 3

Statement Period  
From 10/01/2006 To 10/31/2006

**Account Number**  
**430-715-3349**



## Daily Balance History

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
10/1	\$2,216.17	10/16	\$1,808.19
10/11	\$1,917.78	10/31	\$1,798.19



***Your Balance this Period***  
***— Balance***

## Reconciliation

This section is provided to help you balance your bank statement.

Checks and  
Other Withdrawals  
outstanding -  
Not charged to account

[illegible]

Bank Balance  
Shown on  
this statement

**\$1,798.19**

**Add +**

*Deposits not credited to this statement*

2

*Total*

**S**

Subtract —

Checks and  
Other Withdrawals  
Outstanding

3

*Balance =*

§

Total Checks and  
Other Withdrawals outstanding

\$

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



## Customer News



Document Page 36 of 40  
**Small Business Checking**

Page 3 of 3

**Trustmark**  
National BankStatement Period  
From 10/01/2006 To 10/31/2006Account Number  
430-715-3349**ATM/debit card use outside the United States**

*If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.*

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Trustmark National Bank  
Attn: Customer Contact Center  
P.O. Box 291  
Jackson, MS 39205-0291

**Thank you for banking with us.**

22.45e



## Small Business Checking

**Trustmark**

National Bank

Statement Period  
From 10/01/2006 To 10/31/2006Account Number  
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY  
REST HOME PAYROLL ACCT DEBTOR IN  
POSSESSION CHAP 11 CASE NO 05-50095  
PO BOX 345  
SUMRALL MS 39482-0345

**Customer Service:**

1-800-243-2524 or 1-801-961-6000  
Automated Response 24 hours day  
Representative Mon - Fri 8am-5pm  
Sat 9am-7pm

For questions or to receive a Trustmark Access  
Number for use with automated services, call  
during Representative hours and choose option 0.

Website address: [www.trustmark.com](http://www.trustmark.com)

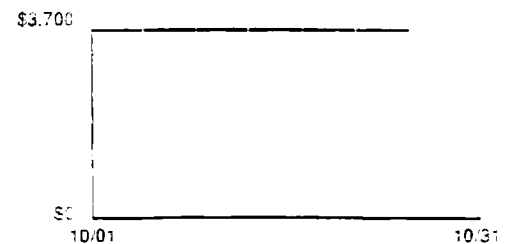
**Summary**

Description	Transactions	Amount
Balance last statement		3,635.84
Deposits and other credits		+ .00
Checks and other withdrawals		- .00
Service charges		- .00
Balance this statement		\$3,635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 10/1/2006

**Daily Balance History**

Date	Balance	Date	Balance
10/1	\$3,635.84	10/31	\$3,635.84



Your Balance this Period  
Balance



